

**DEPARTMENT OF HEALTH AND FAMILY SERVICES**Division of Public Health  
DPH 40052A (Rev. 10/03)**STATE OF WISCONSIN**

Bureau of Family and Community Health

**WISCONSIN WIC PROGRAM  
BREAST PUMP  
ORDER REQUEST**

Project Number:

Project Name:

**Order Deadline (check one)**

1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
<b>7-Dec</b>	<b>7-Mar</b>	<b>7-Jun</b>	<b>7-Sep</b>

Completion of this form is voluntary. Information collected will be used to order and ship client material.

Mail completed form to Wisconsin WIC Program, Nutrition Section, PO Box 2659, Madison, WI 53701-2659, or fax to: **608/266-3125**. Note any shipping changes at the bottom of the form.

Manufacturer/Product	Product Name	Quantity in units
<b>Medela</b>		
Hospital Grade Electric Pump (ea)	Lactina Select	
Personal Electric Pump without battery (3/case)*	Pump In Style Personal Double Pump	
Pedal Pump (ea)	Pedal pump	
Double Pumping Accessory Kit (20/case)*	Lactina double kit	
Manual Pump (20/case)*	WIC Harmony	
Manual Pump (20/case)*	Spring Express (WIC) manual pump	
<b>Optional Accessories</b>		
Battery Pack for Medela Personal Double Pump		
Spring for Medela Pedal Pump		

Manufacturer/Product	Product Name	Quantity in units
<b>Hollister</b>		
Hospital Grade Electric Pump (ea)	Elite	
Personal Electric Pump (ea)	Purely Yours with tote and kit	
Double Pumping Accessory Kit (10/case)*	Dual Hygienikit	
Manual Pump (20/case)*	Ameda One-Hand	

**\*Order the number of each kit/pump needed; do not order in case quantities**

Note any shipping changes for breast pumps:

Address:

City/St/Zip:

Telephone:

Contact: